

MICHAEL POE

Please relieve my setter selecting the method claim as primary selection.  
This letter was sent Nov 27-2002, (see transmittal form). However was  
incomplete and didn't have a selection.

If this fax is not exceptible please inform me by e-mail

Thanks

  
Steve Everett

Aplication number

09/ 933,725

Group Arts Unit 1722

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0661-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/933,725
	Filing Date	08/22/2001
	First Named Inventor	Steve Everett
	Group Art Unit	1722
	Examiner Name	Michael Poe
Total Number of Pages in This Submission		Attorney Docket Number

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: claim selection letter		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steve Everett
Signature	<i>Steve Everett</i>
Date	December 03-2002

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____		
Typed or printed name	Steve Everett	
Signature	<i>Steve Everett</i>	Date 12/03/2002

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Steve Everett  
1619 Wheless Ln  
Austin Texas 78723

#10  
N.lett.  
4/2003

United States Patent Office  
Attn: Mr. Michael Poe  
(Address)

Re: Application/Control Number 09/933,725

Dear Mr. Poe,

I am submitting the following revisions to my patent application. Along with this letter, you will find a clean copy of the amended claims, to be substituted for the pending claims, marked-up versions of the prior pending claims with all changes shown. Should a decision be necessary between the process and apparatus, I choose to pursue the claims relevant to the process (method) primarily. Thank you for your help.

Sincerely,



Steve Everett